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## APPLICANTS

Harish R. Devanagondi, Saratoga, CA;

Rajesh Patil, Santa Clara, CA;

Sanjeev Mahalawat, Cupertino, CA; Jianyong Sun, Fremont, CA;

\*\* CONTINUING DATA \*\*\*\*\* -NONE- HBP

\*\* FOREIGN APPLICATIONS \*\*\*\*\* -NONE- HBP

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/21/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

## ADDRESS

49715

THELEN REID &amp; PRIEST LLP

CISCO

P.O. BOX 640640

SAN JOSE, CA

95164-0640

## TITLE

Method and apparatus for unified exception handling with distributed exception identification

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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